



## **DECLARATION**

As a below named inventor,	I hereby declare that:		
My residence, post office ad	ldress, and citizenship are a	s stated below next to my	y name.
I believe I am an original, to the invention enterprise PROCESSING STATIONS," the specific processing stations of the specific processing stations.	titled "METHOD OF INTE	he subject matter which RFACING ANCILLAR	is claimed and for which a Y EQUIPMENT TO FIMS
is attached hereto.  was filed on August 17.  and was amended on	, 2001 as Application Serial		
I hereby state that I have including the claims, as amended by			ove-identified specification,
I acknowledge the duty to comaterial to patentability of the subjet 1.56.			
I hereby claim foreign prapplication(s) for patent or inventor's listed below designating least one conforeign application for patent or invebefore that of the application on which	s certificate listed below, or ountry other than the Unite entor's certificate, or of any	under § 365(a) of any Pod States of America, and	CT international application d have identified below any
Prior Foreign Application No.	Country	Filing Date (mm/dd/yy)	Priority Cert. copy Claimed Attached
N/A			
I hereby claim the benefit u	under 35 II S.C. & 119(e) o	f any United States prov	visional application(s) listed
below.	maci 55 0.5.c. § 115(c) 0	rany Officer States prov	visional application(s) risted
Provisional Application No.	Filing Date (mm/dd/yy)		
60/226,336	08/18/2000		
I hereby claim the benefit u			
§ 365(c) of any PCT international ap the subject matter of each of the c international application in the mann- disclose all information known to application, as "materiality" is defin prior application and the national or l	laims of this application is er provided by the first parame to be material to the ed in 37 C.F.R. § 1.56, where	s not disclosed in the p graph of 35 U.S.C. § 112 patentability of the sub- ich became available be	orior United States or PCT 2, I acknowledge the duty to ject matter claimed in this
Parent Application No.	Filing Date (mm/dd/yy)	Parent Patent No. (if a	applicable) or Status
N/A			





## . Please direct all communications to:

Ann Marie Mewherter Conley, Rose & Tayon, P.C. P.O. Box 398 Austin, Texas 78767-0398 Phone: (512) 476-1400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made herein on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Full Name:	<u> </u>	Scott Ashkena z	<b>4</b>	
Inventor's Signature:	6		_ Date: 15-Ma	1-02
City and State (or Foreign Country)	f Residence:	Palo Alto, CA	Citizenship:	USA
Post Office and Residence Address:		2135 Columbia St., Pale	o Alto, CA 94306	
	(Include number, street name, city, state and zip code)			

As an above named inventor, I have signed this declaration on my own behalf. Under 37 C.F.R. § 1.47(a), I also sign this declaration on behalf of the non-signing joint inventor, C. Thomas Larson, who refuses to sign.

Last known address of non-signing joint inventor, C. Thomas Larson: 1096 Jessica Dr., Livermore, CA 94550, his country of citizenship is U.S.A.

Accompanying this declaration are: (1) Statement of Facts in Support of Filing on Behalf of Non-Signing Inventor; and (2) Petition 37 C.F.R. §§ 1.47(a) and 1.17(i) with required fee.

Ву:

Scott Ashkena (signing on behalf of C/Thomas Larson)

CO CONTRACTOR OF THE PARTY OF T	U.S. DEPARTMENT OF COMMERCI
FORM PTO-1598 O RECORDATION FOR PATEN	Patent and Trademark Office ORM COVER SHEET TS ONLY Atty. Dkt. No. 5589-04400
To the Honorable Commissioner of Parkins and Trademarks. Please record the attached	original documents or copy thereof.
1. Name of conveying partyties):	2. Name and address of receiving party(ies):
Scott Ashkenaz	Name: KLA-Tencor Technologies Corporation
Ţ.	Internal Address:
Additional name(s) of conveying party(ies) attached?  Yes No	
	Street Address: 160 Rio Robles
	City: San Jose State: CA ZIP 95134
	Additional name(s) & address(es) attached? Tyes No
3. Nature of Conveyance:	
Execution Date: March 16, 2002	
4. Application number(s) or patent number(s):	
If this document is being filed together with a new application, the execution da	te of this application is:
A. Patent Application No.(s) SN 09/932,580 filed 8/17/01 B. Pa	tent No.(s) ers attached? ☐ Yes ☒ No
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: one (1)
Name:Ann Marie Mewherter	
Internal Address: Conley, Rose & Tayon, P.C.	
Street Address: P.O. Box 398	
City Austin State TX ZIP 78767-0398	10.00
City <u>Austin</u> State <u>TX</u> ZIP <u>78767-0398</u>	7. Total fee (37 CFR 3.41):
	8. Depisit account number: 50-1505/5589-04400  (Attacks duplicate copy of this page if paying by deposit account)
DO NOT	USE THIS SPACE

9. Statement and Signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Ann Marie Mewherter

Name of Person Signing
Reg. No. 50,484

Sign

Somature

March 19, 2002

Date

Total number of pages comprising cover sheet

OMB No. 0651-011 (exp.4/94)